

Matthew Cole

The National Association of Social Workers, Connecticut  
Chapter  
Official Position on House Bill 5326: An Act Concerning  
Compassionate Aid in Dying for the Terminally Ill

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We Stand in Support of HB 5326

Good morning, Sen. Gerratana, Rep. Johnson, Sen. Slossberg, Rep. Miller, Sen. Welch, Rep. Srinivasan, and distinguished members of the committee. It is a great honor to sit before you on such an important issue. Thank you for the opportunity.

Allow me to begin by informing the committee that the official position of the National Association of Social Workers, Connecticut Chapter, or NASW/CT, is that we support House Bill 5326. We are a professional organization representing over 3,000 social workers in the state of Connecticut. Our professional Code of Ethics stresses the Dignity and Worth of a Person, with a key ethical responsibility of respecting a person's self-determination. That is, the right and ability an individual has to make their own decisions.

As a profession, we are dedicated to honoring the right of self-determination for all individuals. Just as we join with consumers during earlier stages of life, to work towards the objectives and goals they would like to accomplish, so must we join with them in the later stages of life, according to what their needs are. We are uniquely positioned to help this population, due to our professional practice of working with the person in their environment. We see the whole person, culturally, socially, emotionally, physically, and mentally. While other professions are focused on more narrow approaches to treatment, we take a holistic approach of meeting the consumer where they are.

Of all the professional individuals attending to a person at the end stages of life, social workers are the best suited to assess a consumer's desire to die statement. Our profession is one that stresses competence of the story of everyone we interact with, which is a crucial knowledge base to have. It is the role of the social worker to know of all choices a consumer may have in any given situation, and work with the consumer to figure out what is best for them. The social worker

can also “act as a liaison with other health care professionals to communicate clients’ and families’ concerns to the health care team to improve the quality of end-of-life care” (Social Works Speaks, 2012). This allows the family to work with one person, rather than repeating their concerns multiple times. This also limits the potential for that repeated conversation to cause additional emotional trauma.

The social worker may also be viewed as the staff member best suited to navigate the complex issue of proper end-of-life care. The reason such concerns are so complex is because, not only is the inevitable loss of a loved one a painful experience regardless of other factors, but there are also a number of diverse cultural and social perspectives on end-of-life care. It is our practice that a person’s ability to make their own decisions, to use their own personal self-determination, is what guides the path of physical and mental health treatment, or lack thereof. It is our professional philosophy that a person cannot be forced to get treatment; the final decision for treatment rests with the consumer, not with the service provider.

I would also like to stress that the terms “aid in dying” and “assisted suicide” are not interchangeable. Recently, New Mexico’s Supreme Court ruled in favor of aid in dying in the case of *Morris v. New Mexico*. The New Mexico Psychological Association filed an amicus brief in support of aid in dying, and on page four of their briefing, they state: “Suicidal ideology arises from impaired cognition of temporary problems that are actually treatable; Aid in Dying, on the other hand, arises from acute cognition of physical conditions that are truly incurable” (<http://www.aclu-nm.org/wp-content/uploads/2013/12/Morris-Brief-final.pdf>). This is a medical distinction, grounded in research, science, and professional medical conclusions.

We likewise believe that the safeguards that are in place in this legislation will be effective. Requiring time between requests, and being stringent on who can be a witness to the requests, mitigates abuse that might arise. Section 2 (c), ensuring that no one other than the terminally ill individual may make the request, will likewise severely decrease the potential for abuse. We find that the additional step of requiring counseling for a proper mental health assessment to be one of sound logic. We support the language that disqualifies an individual if they are not mentally competent to understand the gravity of their decision. In the over sixteen years since Oregon began their Death with Dignity law, there has not been one documented case of abuse. We believe the fear of abuse to be a very human fear to have, but it is also unfounded. The research simply does not support that fear.

We also support the language that allows health providers with the option of recusing themselves from having to provide aid in dying. Just as we want consumers to live by their values, we want professionals to be able to live by theirs as well. Forcing a doctor or pharmacist to prescribe the medication that is desired is an ethically and morally damaging proposition, and we applaud the legal right for professionals to practice only as far as they are comfortable.

We have an obligation to the people we serve to do what is right by them, and to properly honor their decisions. In order to achieve this goal, we need as many tools as possible. A law allowing Aid in Dying would create one more tool of comfort and choice to those who bring us into their lives in one of nature's most intimate times. This bill must move forward, to help us provide our consumers with one more avenue of care that they may desire. We all wish to live with dignity; it is only fair we also have the opportunity to Die with Dignity as well.

Thank you again for allowing me to testify before you on behalf of Connecticut's social workers. If you have any questions of NASW/CT as it relates to House Bill 5326, I will be glad to answer them now or, if I am unable to answer them now, by following up with your committee once I have the information you request.